Best Available Copy

CLAIMS ONLY

Application Number	Filing Date
10-633715	10-18-05

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
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Total Indep	9					
Total Depend	13					
Total Claims	23					

	Indep.	Depend.	Indep	Depend	Indep	Depend
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Total Claims						